

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. **3103**

FEB 17 1941
Registration District No. **176**

Primary Registration District No. **4264**

Registrar's No. **6**

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH:

(a) County **KNOX**
(b) City or town **Novelty**
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution **1**
(Specify whether
In this community **LIFE**
years, months or days)

3. (a) PRINT

FULL NAME **EMMA DAMARIS HUNSAKER**

3. (b) If veteran,
name war

3. (c) Social Security
No.

4. Sex **F** 5. Color or race **W** 6. (a) ~~Single~~, widowed, married,
divorced **1**
6. (b) Name of husband or wife **Samuel** 6. (c) Age of husband or wife if
W. Hunsaker alive **89** years
7. Birth date of deceased **10 10 59**
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
81 3 19 hr. min.

9. Birthplace **Novelty (Knox) Missouri**
(City, town, or county) (State or foreign country)

10. Usual occupation **Homemaker**

11. Industry or business

MOTHER FATHER { 12. Name **John Norris**
13. Birthplace **Brown Co. Ohio** 1
(City, town, or county) (State or foreign country)
14. Maiden name **Maria Norris**
15. Birthplace **Brown Co. Ohio** 1
(City, town, or county) (State or foreign country)

16. (a) Informant **John B. Norris**
(b) Address **Novelty Mo.**

17. (a) **Burial** (b) Date thereof **1-31-41**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Novelty**

18. (a) Signature of funeral director **Mrs. J. H. Hudson**
(b) Address **Edina**

19. (a) **Jan 31, 1941** (b) **Mark M. Smith**
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **KNOX** **5200**
(c) City or town **Novelty**
(If outside city or town limits, write "RURAL")
(d) Street No. **0**
(If rural, give location)
(e) If foreign born, how long in U. S. A. **0** years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **January** day **29**
year **1941** hour **8:30** minute **P.** M.

21. I hereby certify that I attended the deceased from **Dec 26, 1940**
Jan 29, 1941, to **Jan 29**, 1941;
that I last saw **her** alive on **Jan 29**, 1941;
and that death occurred on the date and hour stated above.

Immediate cause of death **Bronchial pneumonia** Duration **30 days**

Due to **Myocardial exhaustion**
varicose

Due to **1941**

Other conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

PHYSICIAN

Underline
the cause to
which death
should be
charged sta-
tistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify)
(b) Date of occurrence
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place?

395 (Specify type of place)
While at work? (e) Means of injury **2**

23. Signature **E. O. Holmes** (M.D. or other) **DO**
Address **Novelty Mo.** Date signed **1-30-41**

RECEIVED

District Health Officer No. 10

District File Number 2-41-283

Date Filed FEB 14 1941

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by

~~Registered Apprentice No.~~

working under my personal supervision.

Signed

Mrs J. W. Hudson

Licensed Embalmer No. 2972

P. O. Address Edina Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.